

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| Title of Invention | [SUBSTRATE AND PROCESS FOR FABRICATING THE SAME] | | | | | | | | | | | | | | | | | | | | | |
|---|--|-----------|-------------|-----------------|-----------------|-----------|-------------|--------------------|-------------------|---|----------|--|------|------------------------|----|------------------------------------|----|---|--------------------------------------|--|--|--|
| Application Number : [REDACTED] | | | | | | | | | | | | | | | | | | | | | | |
| Date : [REDACTED] | | | | | | | | | | | | | | | | | | | | | | |
| First Named Applicant: | Mr. Po-Chih Liu | | | | | | | | | | | | | | | | | | | | | |
| Attorney Docket Number: | 10542-US-PA | | | | | | | | | | | | | | | | | | | | | |
| TOTAL FEE AUTHORIZED \$ 810 | | | | | | | | | | | | | | | | | | | | | | |
| Patent fees are subject to annual revisions on or about October 1st of each year. | | | | | | | | | | | | | | | | | | | | | | |
| Filing as large entity | | | | | | | | | | | | | | | | | | | | | | |
| BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 770</td></tr></tbody></table> | | | | Fee Description | Fee Code | Amount \$ | Fee Paid \$ | Utility Filing Fee | 1001 | 770 | 770 | Subtotal For Basic Filing Fees: \$ 770 | | | | | | | | | | |
| Fee Description | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | | |
| Utility Filing Fee | 1001 | 770 | 770 | | | | | | | | | | | | | | | | | | | |
| Subtotal For Basic Filing Fees: \$ 770 | | | | | | | | | | | | | | | | | | | | | | |
| EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 14</td><td>0</td><td>1202</td><td>18</td><td>0</td></tr><tr><td>Independent Claims : 3</td><td>0</td><td>1201</td><td>86</td><td>0</td></tr><tr><td colspan="4">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table> | | | | Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | Total Claims : 14 | 0 | 1202 | 18 | 0 | Independent Claims : 3 | 0 | 1201 | 86 | 0 | Subtotal For Extra Claims Fees: \$ 0 | | | |
| Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | |
| Total Claims : 14 | 0 | 1202 | 18 | 0 | | | | | | | | | | | | | | | | | | |
| Independent Claims : 3 | 0 | 1201 | 86 | 0 | | | | | | | | | | | | | | | | | | |
| Subtotal For Extra Claims Fees: \$ 0 | | | | | | | | | | | | | | | | | | | | | | |
| ASSIGNMENT FEES | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Property Number</th><th>Quantity</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Recording Each Patent Assignment Per Property Fee</td><td>00000000</td><td>1</td><td>8021</td><td>40</td><td>40</td></tr><tr><td colspan="4">Subtotal For Additional Fees: \$40</td></tr></tbody></table> | | | | Fee Description | Property Number | Quantity | Fee Code | Amount \$ | Fee Paid \$ | Recording Each Patent Assignment Per Property Fee | 00000000 | 1 | 8021 | 40 | 40 | Subtotal For Additional Fees: \$40 | | | | | | |
| Fee Description | Property Number | Quantity | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | |
| Recording Each Patent Assignment Per Property Fee | 00000000 | 1 | 8021 | 40 | 40 | | | | | | | | | | | | | | | | | |
| Subtotal For Additional Fees: \$40 | | | | | | | | | | | | | | | | | | | | | | |
| AUTHORIZED BILLING INFORMATION | | | | | | | | | | | | | | | | | | | | | | |
| The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: | | | | | | | | | | | | | | | | | | | | | | |
| Credit account number: | 1000 | | | | | | | | | | | | | | | | | | | | | |
| Expiration Date (YYYYMMDD): | 2006-10-31 | | | | | | | | | | | | | | | | | | | | | |
| Authorized name: | LEE, HUAI-LU | | | | | | | | | | | | | | | | | | | | | |
| Billing address: | 99999 | | | | | | | | | | | | | | | | | | | | | |